



Essential Person (EP) Program

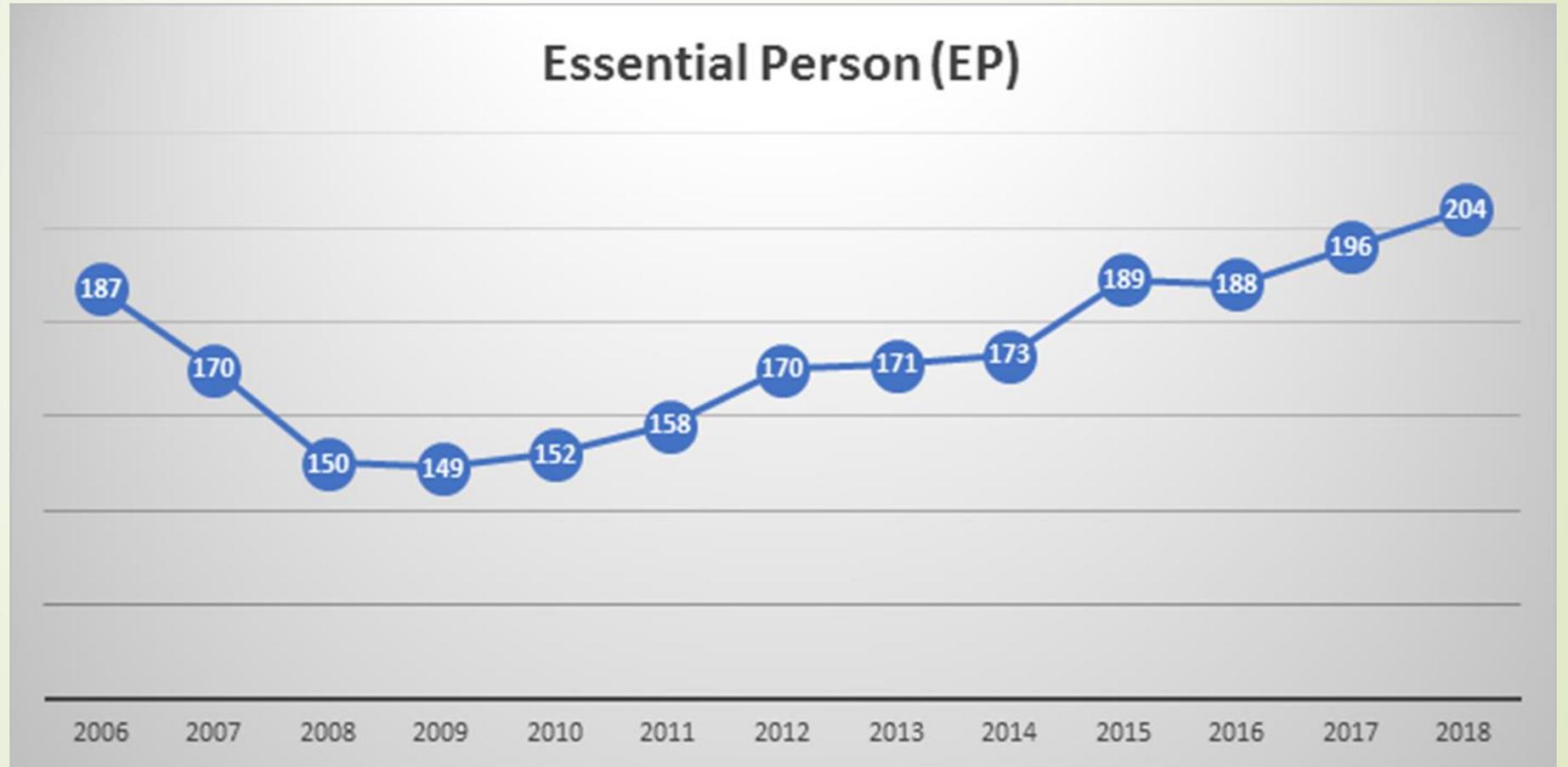
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Testimony to House Human Services Committee
March 20, 2018



What is the Essential Person Program?

- Cash benefit
- Helps cover the costs of a live-in caregiver (or “Essential Person”) for a blind, aged, or disabled individual or couple.
- The applicant and Essential Person must meet income guidelines
- Depending on a variety of factors, eligibility levels vary from 50% - 100% of the Federal Poverty Level

Historic Caseloads





Funding and Administration

- EP is funded with MCO investment dollars (Medicaid)
- \$955,000 for FY17
 - General Fund: \$436,473
 - Federal Funds: \$519,029
- estimated \$985,000 for FY18
- Reach Up, within the Economic Services Division, currently administers the program
- Average cash benefit per household is \$416.77 per month



Applicant

- The aged, blind, or disabled person is the applicant
- May be single, or a married couple
- The applicant needs to have applied for, or already be receiving SSI and/or SSDI
- The applicant must have a caregiver living with them in their home, who is below a certain income level



The Essential Person

- Must live with the applicant(s)/recipient(s) and care for the applicant
- May not be eligible for SSI/AABD (Aid to the Aged, Blind and Disabled)
- Cannot receive payment for providing personal services to the applicant/recipient from DAIL
- Must be “needy” according to income guidelines for the program



How does one apply for the program?

- Application completed with Economic Services Division (ESD)
 - Verification of applicant's disability
(determination by Social Security, Veteran's Administration, State Disability Determination)
 - Verification of household income and resources
- 

Eligibility and Rules

Financial eligibility program that relies on rules, income and resource guidelines from various programs

- **AABD** Rules determine payment maximums, income limits, and all other eligibility factors
- **Medicaid** Procedures (P-2420 C) determine resource limits.

As of 1/1/18:

Group Size	Maximum Resource
1	\$2,000
2	\$3,000

- EP Rules embedded in **AABD** Rules – AABD is administered by **DVHA**
- Reach Up income rules (2270-2276) and resource rules (Rules 2280 – 2284) used *only* to determine **what** counts.

Eligibility

Vermont Department for Children and Families
Economic Services Division



202EPF

Essential Person Functional Assessment

(Do not complete if spouse is EP and age 55 or over)

Date _____ Return Form to:
Applicant _____ DCF - Economic Services Division
Social security number _____ Application & Document Processing Center
Essential Person _____ 280 State Drive
Benefits Program Specialist _____ Waterbury, VT 05671-1500
For questions call: 1-800-479-6151

To determine if you are eligible for the Essential Person program, we need information on the services for which you need help. Please complete Section 1 below. In Section 2, please sign along with the person who is your essential person. Bring this form to your doctor or nurse to have Section 3 completed. The form must be returned to me at the above address within ten days of the above date so I can determine your eligibility within the required time frames. If you have a problem getting the form completed within ten days, please call me.

Section 1: Self-Assessment (To be completed by the aged, blind, or disabled applicant.)

If the response to any task is left blank, we will assume that you can perform the task without help.

Can you perform the following tasks without help? If you answer no, list who is currently providing that help (such as spouse, neighbor, friend, home health aid, visiting nurse, homemaker service provider).

Part A (Rule 2781.2)

- a. Manage your money Yes No
- b. Do your laundry Yes No
- c. Do your shopping Yes No
- d. Prepare your own meals Yes No
- e. Perform heavy home chores (such as scrubbing floors, yard work, shoveling snow) Yes No
- f. Do ordinary housework (such as dusting, sweeping, washing dishes) Yes No
- g. Take out the garbage Yes No

Part B (Rule 2781.1 B)

- h. Take medications twice a day or less Yes No
- i. Bathe or shower Yes No
- j. Dress or undress (including shoes) Yes No

Part C (Rule 2781.1 A)

PLEASE NOTE: If your Essential Person is your spouse, you check "No" for at least one of the following questions, and your doctor agrees, you do not need to complete form 202EPW

- k. Get around inside your home (including putting on or removing braces, splints or other such devices)? Yes No
- l. Get in or out of a bed or chair Yes No
- m. Use the toilet Yes No
- n. Eat (cutting food, drinking, eating) Yes No
- o. Take medications more than twice a day Yes No
- p. Perform a medical treatment in the home (such as feeding tube, suctioning, or other _____) Yes No
- q. Care for yourself without the need for supervision of your physical and/or mental well-being Yes No

(Over Please)

Revised 10/2015

Part D
Please describe any other tasks that you cannot perform without help.

Section 2: Signatures

I certify that I require help with the tasks checked No in Section 1.

Signature of Applicant _____ Date _____

Signature of person witnessing and/or helping to fill out this form _____ Date _____

I certify that I provide help with the tasks as indicated in Section 1.

Signature of Essential Person _____ Date _____

Section 3: Medical Professional's Certification

Applicant named above has made statements on this form about his or her needs for services related to daily living. Please answer the following questions so we can determine eligibility for benefits within the required time frame. We cannot process a request for a cash grant until this information is provided. Thank you for your help.

What is your diagnosis of the applicant's medical condition?

Do you agree with the applicant's statement of required services? If no, please explain your disagreement. Yes No

Does the applicant need assistance with medical procedures that do not require a trained medical professional? If yes, please describe the assistance and frequency needed. Yes No

Does the applicant need supervision to avoid wandering, getting lost, or being physically or verbally abusive or to deal with short- or long-term memory loss? If yes, please describe the applicant's condition and state how much supervision is needed (24 hours, during waking hours, periodic check-ins). Yes No

Applicant Name (Printed) and address _____ Phone Number _____

Signature _____ Date _____

Sections 1 and 2

- Completed by the applicant and the essential person
- Help determine the benefit level that the applicant is eligible for.

Section 3

- Completed by the applicant's Medical Provider

Payment Maximums as of 1/1/2018

Independent Living with Essential Person

Percentage	Individual	Couple
34%	945.47	1,282.30
67%	1,084.67	1,338.99
100%	1,223.88	1,395.69

Living in another's household with ineligible Spouse (very rare)

Percentage	Maximum payment
34%	628.63
67%	715.34
100%	802.04

Example of Income Computation

	Applicant Mary	Spouse (EP or not) Joe	Non-spouse EP Sarah	
Unearned Income				
Social Security (SSDI or SSA)	\$	\$	\$ 0	
SSI/AABD	+\$ 773.04	+\$	N/A	
VA Benefits	+\$	+\$	+\$	
Other:	+\$	+\$	+\$	
Add rows	= 773.04	=	= 0	Total Unearned Income: =\$ 773.04

	Applicant Mary	Spouse (EP or not) Joe	Non-spouse EP Sarah	
Earned Income				
Gross earned income	\$	\$1161	\$	
Net self employment income	+\$	+\$	+\$	
Deduction \$65 + 1/2: applicant(s) only	-\$	-\$ N/A (only if spouse is also disabled and applying)	N/A	
Add rows	=	= 1161	=	Total Earned income: =\$1161

Total Income (unearned + earned) = \$ 1934.04

\$20 Income Exemption (do not use if the only income in assistance group is SSI, VA benefits or a combination of the two)	-\$ 20
Total countable income:	= 1914.04